

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee Public Opinion Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 15 / 2014</div> </div>		
Mailing Address 214 N Fayette St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34000.00</div>		
City State Zip Code Alexandria VA 22314-2433		Transaction ID : EC8935C984E2B4163BF9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>			
Purpose of Expenditure Polling Expenses		Category/Type		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate Sen. Pat Roberts			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">350179.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee 720 Strategies LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 15 / 2014</div> </div>		
Mailing Address 1111 19th St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1150.00</div>		
City State Zip Code Washington DC 20036-3603		Transaction ID : E670BCC5ECD5F4B8C8E Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>			
Purpose of Expenditure Website design costs		Category/Type		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate Sen. Mitch McConnell			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1887550.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">35150.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Michael McGrew</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 16 / 2014</div> </div>		

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NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Majority Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014		
Mailing Address 135 Professional Dr Ste 104			Amount 119727.00		
City Ponte Vedra Beach	State FL	Zip Code 32082-6277	Transaction ID : E61D0E46983214DCC9B3		
Purpose of Expenditure Direct mail costs		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Richard R. Tisei		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought		227627.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Strategic Partners & Media, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014		
Mailing Address PO Box 480			Amount 60000.00		
City Arnold	State MD	Zip Code 21012-0480	Transaction ID : EA0297F09CDC849F591A		
Purpose of Expenditure Internet Ad & Production costs		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Sen. Pat Roberts		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: KS
Calendar Year-To-Date Per Election for Office Sought		350179.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	179727.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Michael McGrew

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Strategic Partners & Media, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address PO Box 480		Amount 80000.00	
City Arnold	State MD	Zip Code 21012-0480	Transaction ID : EA6FDD171735149B8866
Purpose of Expenditure Internet Ad & Production costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Richard R. Tisei		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 227627.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Public Opinion Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address 214 N Fayette St		Amount 27500.00	
City Alexandria	State VA	Zip Code 22314-2433	Transaction ID : EB43C6F9D9D79437BBD3
Purpose of Expenditure Polling expenses		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Richard R. Tisei		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 227627.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	107500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address 430 N Michigan Ave		Amount 50.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E2B4862142138481585F Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Consulting Services	Category/Type		
Name of Federal Candidate Sen. Mitch McConnell		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		1887550.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address 430 N Michigan Ave		Amount 400.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E3967EC750FDE4DBB8D4 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Consulting Services	Category/Type		
Name of Federal Candidate Sen. Pat Roberts		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		350179.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address 430 N Michigan Ave		Amount 400.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EDD3EF4F404FE466397E
Purpose of Expenditure Consulting Services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Richard R. Tisei		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought 227627.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address 135 Professional Dr Ste 104		Amount 255779.00	
City Ponte Vedra Beach	State FL	Zip Code 32082-6277	Transaction ID : EF19583C65E314FB5B25
Purpose of Expenditure Direct mail costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sen. Pat Roberts		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: KS
Calendar Year-To-Date Per Election for Office Sought 350179.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	256179.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	579006.00

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